



The Jewish Family Center of Northern Montgomery County
 Post Office Box 798 Olney, Maryland 20830
 Phone: 301-260-0210 Fax: 301-260-2040
 info@betterfamily.org www.betterfamily.org

Family Name: _____

In order to best serve your child and family, as well as tend to their legal responsibilities, please complete this form in full. Fill in every blank and return this form with your registration forms. All information is treated with confidentiality.

At the beginning of each school year, Jewel publishes a student directory with the names of all the families in the school as a service to JEWEL families.

If you would like to be removed from this directory, please send in a separate note stating this.

1. Name(s) of Child(ren) and age(s): _____

2. Mother's Name and Address (If different than registration form): _____

3. Father's Name and Address (If different than registration form): _____

4. Are the Parents Married Separated Divorced

5. Does one parent have custody? _____ If yes, which one? _____

6. Who is/are the legal guardian(s): _____

7. Is a parent NOT permitted to pick up the child(ren) from school? _____

8. If other than parent, name a person(s) with whom the child(ren) live(s) _____

9. Other information that may be helpful regarding your child(ren) and the family situation:

10. Please list any **allergies** or other issues that the JEWEL staff should be aware of:

Signatures of Parent(s) or Guardian(s):

_____ Date: _____

_____ Date: _____